

The City of Bedford Heights

5661 PERKINS ROAD

BEDFORD HEIGHTS, OHIO 44146

PHONE: 440-786-3237 FAX: 440-786-3277



APPLICATION FOR SIGN PERMIT

PERMIT NO _____
FEE _____
3% COMMERCIAL _____

DATE OF APPLICATION _____ 20____

TOTAL _____

ATTACH SKETCH OF PLAT PLAN

I, _____ (OWNER) hereby make application for a PERMIT to erect or build a structure as described in this application and accompanying drawings which are part of this application.

ADDRESS _____

TYPE OF SIGN _____
(POLE, GROUND, WALL, ILLUMINATED, NONILLUMINATED)

WORDING _____

SQ. FT. PER FACE _____ TOTAL AREA _____

MATERIAL _____

WIDTH OF BUILDING _____ ESTIMATED COST \$ _____

MISCELLANEOUS INFORMATION

GENERAL CONTRACTOR _____ PHONE NO. _____

ADDRESS _____ CITY _____

RESPONSIBLE FOR ALL CONSTRUCTION _____ IF NO, LIST CODE REQUIREMENTS NOT COVERED BY CONTRACT _____

THE ACCEPTANCE OF THE PERMIT HEREIN APPLIED FOR SHALL CONSTITUTE AN AGREEMENT ON OUR/MY PART TO ABIDE BY ALL THE CONDITIONS HEREIN CONTAINED AND TO COMPLY WITH THE ORDINANCES OF THE CITY OF BEDFORD HEIGHTS AND THE LAWS OF THE STATE OF OHIO RELATING TO THE WORK TO BE DONE THEREUNDER AND SAID AGREEMENT IS A CONDITION OF SAID PERMIT.

IT IS A FURTHER CONDITION OF THIS PERMIT THAT _____

OWNER/CONTRACTOR _____

PHONE NUMBER _____